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DECLARATION		Attorney Docket Number	BIO-5044					
AND POWER OF ATTOR!	NEY	First Named Inventor Assaf Govari						
FOR UTILITY OR DES		COMPLETE IF KNOWN						
PATENT APPLICATI (37 CFR 1.63)	TON	Application Number						
	claration Submitted after ial Filing (Surcharge	Filing Date						
	CFR 1.16(e)) required)	Group Art Unit						
		Examiner Name						
As a below named inventor, I hereby o	declare that:							
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
PHASED-ARRAY FOR TISSUE TREATMENT (Title of the Invention)								
the specification of which								
is attached hereto								
OR								
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Cou Number(s)		Filing Date Priority D/YYYY) Not Claime	Certified Copy ed Attached? YES NO					
Additional foreign application number								

DECLARATION - Utility or Design Patent Application							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:							
Application Serial No.	Filing Date	Status					
		Patented Patented Patented					
I hereby appoint:							
✓ Practitioners at Customer Number	Place Customer Number Bar Code Label Here						
AND							
Practitioner(s) named below: Name Registration Number							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.							
Address all telephone calls to Louis J. Capezzuto at telephone number (732) 524-2218.							
Customer Number Direct all correspondence to: ⊠ or Bar Code Label 000027777 OR ☐ Correspondence address below							
Name:							
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Country	Telephone:	Fax:					

I hereby declare that all statements me information and belief are believed to that willful false statements and the lill U.S.C. 1001 and that such willful false issued thereon.	be true ke so m	e; and further nade are pun	that the	ese sta by fine	tements were or imprisonme	made with the knowledge ent, or both, under 18	
NAME OF SOLE OR FIRST INVENTOR:	A petition has been filed for this unsigned inventor						
Given Name Family				/ Name name Govari			
Inventor's Signature					Date	·	
Residence: City Haifa		State		Count	ry Israel	Citizenship Israeli	
Mailing Address Vitzo 1							
City Haifa		State		ZIP 3	4400	Country Israel	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SECOND INVENTOR:		A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])							
Inventor's Signature					Date		
Residence: City		State		Count	ry	Citizenship	
Mailing Address				, , , , ,			
City	City			ZIP		Country	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF THIRD INVENTOR:		☐ A pe	tition has	been fil	ed for this unsign	ed inventor	
				Family Name or Surname			
Inventor's Signature					Date		
Residence: City		State		Count	ry	Citizenship	
Mailing Address							
City		State		ZIP		Country	

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